



**Press Release – Wednesday  
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## **The Experiences of Women in the Perinatal Period During the Covid-19 Pandemic**

The Psychological Society of Ireland (PSI) Special Interest Group in Perinatal and Infant Mental Health (SIGPIMH) promotes clinical practice, education and research regarding the health and development of parents and infants from conception and pregnancy through to five years postpartum, within both the discipline of Psychology in addition to interdisciplinary cooperation with other medical and allied health professions. The SIGPIMH is committed to supporting the mental health and well-being of all families throughout the perinatal period.

The following document outlines some of the psychological challenges experienced by women and families during the COVID-19 pandemic.

**Women's experiences are individual and depend on a number of factors.**

**Restrictions such as lack of partners at hospital appointments and a reduction in services post birth has been reported to impact women's mental health.**

**Social isolation increases risk to the mental health of mothers and infants.**

### 1. Antenatal experiences

The restriction of partners from antenatal appointments has been a particularly difficult policy for families. Attendance at antenatal appointments provides partners with crucial opportunities to begin bonding with their infants. Women who have experienced acute trauma or perinatal loss during a previous birth are disproportionately negatively affected by these ongoing restrictions. Families who experience a pregnancy after loss require an individualised care plan which is sensitive and responsive to the experiences of these families (Pollock et al., 2020). Attending antenatal appointments (routine or otherwise) and scans alone is extremely challenging as they often experience significant anxiety and a re-activation of posttraumatic stress. This inevitably has a negative impact on partners who are anxiously awaiting calls from the car park. Within an Irish

context specialist perinatal mental health teams or bereavement support services staff have at times offered to accompany women to important appointments. While this has felt like a hugely supportive and meaningful intervention, it in no way makes up for not having their partner present. Perinatal services should consider the individualised needs of this cohort, providing ongoing access to psychological services and when possible, including partners in antenatal appointments.

## 2. Birthing experience

Restrictions due to COVID-19 which have resulted in partners' exclusion until a woman enters the labour ward have negatively impacted maternal mental health and have been associated with increased levels of anxiety and fear of childbirth (Molgora & Accordini, 2020). Birthing partners provide vital emotional and physical support for women in the hospital environment during scans and appointments, as well as during labour. Continuous support during labour has been shown to improve outcomes for women and infants such as decreased birth—interventions and shorter labour (Bohren, Hofmeyr, Sakala, Fukuzawa & Cuthbert, 2017).

Perinatal mental health teams in Ireland have anecdotally reported increases in referrals related to antenatal anxiety. For a significant proportion women's anxiety has been exacerbated by the impact of COVID-19 restrictions on their upcoming labour and birth. This is particularly the case for first time Mums.

These challenges have enhanced the importance of the quality of relationships with maternity care providers, which is key in preventing post-traumatic stress after birth and providing a positive birth experience. Specialist Perinatal Mental Health Teams, have provided ongoing support to women who experience anxiety before labour, providing, along with general maternity staff, secure relationships in order to ameliorate negative outcomes.

Some women who have discussed giving birth during Covid-19 however have been quite positive about the labour experience specifically, as partners have been part of that. They seemed to feel the birth went well as the hospital was generally more quiet and calm.

The Psychological Society of Ireland (PSI) Special Interest Group in Perinatal and Infant Mental Health (SIGPIMH) therefore encourages and welcomes the recent changes in restrictions that allows partners to be present for appointments and during labour. Furthermore, the acceptance and provision of a variety of birthing choices, including home births should be supported.

## 3. The days and weeks after birth

The transition to parenthood, often associated with psychological, social, and systemic changes as well as additional stressors, has been compounded for families during the COVID-19 pandemic. Fear of factors such as an absence of social support, the transmission of the virus to their infants,

and a lack of services has increased the anxiety of women once they come home with their infants (Kotler et al. 2021).

For mothers whose infants have been moved to a Paediatric Intensive Care Unit (PICU) there is a significant impact. Post-C section mothers for example are often alone in the maternity hospital without the buffer of visits from their family and friends save for a brief daily visit from their partner. This is a particularly vulnerable time given that their baby has often been taken straight from delivery to a children's hospital, often without an opportunity for skin-to-skin contact. The intolerability of this period of separation from their baby is thus compounded by the absence of in-person care and connection with other loved ones.

Due to social distancing restrictions, families have faced specific challenges such as being unable to access support from their extended support network, increased loneliness and delaying rituals associated with having a new baby, such as introducing the baby to the extended family, for an uncertain length of time (Diamond, Brown & Miranda, 2020). Research indicates that this has resulted in an experience of loss and change from the imagined experience of the 'fourth trimester'.

For women whose families live abroad, difficulties attaining visas and passports have compounded their isolation, restricting access to extended family members.

The contact of clinicians such as Public Health Nurses and General Practitioners has been crucial in identifying women experiencing mental health difficulties and signposting to services. Access to Primary Care Psychology, which in some areas continue to run groups and individual interventions online, is dependent on the monitoring of these primary care clinicians. Continued access to this protective monitoring is vital in ensuring women receive support in a timely manner.

#### 4. Infant Mental Health

COVID-19 has disrupted many cultural and societal norms related to welcoming a new baby into the world. A cross-sectional web base study from Ireland, Norway, Switzerland, UK and the Netherlands highlighted high levels of depressive symptoms and generalised anxiety in pregnancy and breastfeeding women during COVID-19 and pointed to the importance of protective monitoring for both maternal and infant mental health (Ceulemans et al., 2021). COVID-19 is a major stressor for perinatal mental health difficulties (Cameron et al., 2020), potentially heightens risk of traumatic births (Mayopoulos et al., 2021), and impacts on need for more feeding support (Vazquez-Vazquez et al., 2021) all of which can interrupt subsequent parent/baby bonding and potentially infant mental health. The increased social isolation experienced by many mothers is concerning as a lack of social support is one of the strongest risk factors for post-natal depression (Howard, Oram, Galley & Trevillion, 2013). Vital services in Ireland have been hit with over half the infants born in Ireland last year missing a developmental health check (McLoughlin & Bowers, 2021), which can be both supportive, reassuring and vital for highlighting early intervention needs for young babies.

Perspectives from infant mental health research highlight both the challenges and opportunities of the current situation. Responsive caregiving is physically, socially and emotionally layered.

Observing and responding to a baby and later scaffolding and connecting the baby and their developing social skills to the environment (Lachman, 2021). Cocooning, social distancing and physical restrictions has disconnected a baby from their community. Babies may have less opportunities to alternate important attention and communication skills from their social and emotional connection with parents and primary caregivers to others in their environment (Rochat, 2001). Along with challenges from the potential impact of COVID-19 on infant mental health, opportunities for developing and adapting parent-baby services have emerged with peer support, parent education, baby massage and breastfeeding support online. The effectiveness of these requires further evaluation to gain a holistic understanding of the impact of COVID-19 on infant mental health.

## **Conclusion**

The antenatal period can be a time of great joy for mothers and families. However, for some women this period can be difficult. Past experiences, prior psychological well-being, a lack of social support and experiences of care within the maternity system can impact well-being and mother and infant outcomes.

The circumstances of the last year including changes in health care and policy, certainly appear to have significantly changed women's and partners experiences in the perinatal period across the world (Kotler et al. 2021). While some women have experienced benefits in the form of quieter hospital environments, increased availability of partners at home and greater opportunities for bonding, this is not the case for all women. Some common themes have arisen in supporting women. Lack of social support, feelings of loss of control regarding perinatal care (particularly in labour), and factors which facilitate bonding have always been a concern of psychologists and those supporting mother's mental health in the perinatal period. Unsurprisingly many of these factors have now been exacerbated by Covid19 and the current restrictions. As in the past the facilitation of individualised, evidenced based services, which promote both a medical and holistic/social model of care are advocated by the Special Interest Group. When possible, and considering the safety of all, women's accessing of quality social support, choice in care, and experiences for the bonding of both parents to their infant should be promoted.

Further information:

The Specialist Perinatal Mental Health Services based in Maternity Hospitals offer specialist supports to women in the perinatal period. There are currently SPMHS teams in all the maternity hospitals, most of which have Clinical Psychologists on the team. The mental health midwife is generally the point of contact for women between antenatal care and the specialist team. **Please see the website for the maternity hospitals for further information on specialist services.**

**ENDS.**

**For further information, or to arrange an interview with a member of the SIGPIMH, please contact:**

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#### **Note to Editor**

- The Psychological Society of Ireland (PSI), with circa 3,800 members, is the professional body for psychology and psychologists in Ireland.
- The PSI Perinatal and Infant Mental Health Special Interest Group (SIGPIMH) was officially launched in June 2015 as a response to the lack of perinatal and infant mental health psychology services within Ireland, when compared to international colleagues
- The PSI SIGPIMH aims to promote clinical practice, education and research regarding the health and development of parents and infants from conception and pregnancy through to five years postpartum, within both the discipline of psychology in addition to interdisciplinary cooperation with other medical and allied health professions

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